consistency. It also proved to be without air. The microscopic examination of the lungs showed a typical cancerous growth tissue in the right middle lobe, whereas the lower lobe showed all changes which are characteristic for asbestosis. Above all, the sections contained asbestos particles.

According to Baader (1939) six authors supposedly observed, in 1935 to 1938, 14 cases of cancer in association with asbestosis. This report does not disclose any details, so that according to all reports up to now, as they were given above, these statements cannot be confirmed to the full extent.

In 1941, a detailed clinical and pathological-anatomical report by Wedler and Linzbach followed about a further clear history of the disease, which contained the full course of the suffering. The 60-year-old man had worked from 1921 to 1939, all in all, 18 years, in an asbestos factory. Only for the first three years was he exposed to a high level of dust (preparation). The first symptoms occurred not long after he began the employment. In 1938, he already presented an image of an uncomplicated asbestosis of a high degree, which had developed insiduously. In the course of his last year of life, there was, above the right diaphragm and in the lower lobe of the right lung an increasing shadow with the clinical signs of an atelectasis and later decay as well as very strong neuralgiform pain in the surrounding areas of the intercostal nerves.

The sputum became bloody. All signs pointed to cancer, which was clinically diagnosed. The dissection confirmed the diagnosis of a decayed callous squamous epithelium carcinoma, which originated from the bronchus of the right lower lobe. There were no metastases.

In the meantime, there are two more observations in Germany which are not yet part of literature.

The first case was observed by Teutschlender, who reported about it twice orally. Pertaining to this, the following can be seen from a personal written communication: In 1938, Teutschlaender dissected a woman of 40 years, who had been employed with long interruptions for ten years in an asbestos plant. The clinical diagnosis for her was: "lung tumor on the right (?), cirrhotic lung process on the right (?) vicarying emphysema on the left, ascites, cachexia to a high degree." The dissection did not reveal any tuberculosis, but rather a very extensive asbestosis, with a large number of asbestos particles, and a pleural blastoma on the right side, which was determined by the histiological examination as a: "Pseudo alveolar mesothelium." The peritoneum contained a large number of metastases in association with ascites. The left pleural cavity contained a hematoma of 50 cms. Compensatory emphysema of the left lung. The cachectic woman died of circulatory weakness due to the lung disease.

The second observation is by Alwens. The dissection was performed by Fischer-Wasels. I came in contact with the case in my role as a medical expert. The 60-year-old man (August 31, 81 till September 19, 41) had been employed up to half a year before his death for a total of 42 years in an asbestos caoutchouc department. He fell ill in January of 1941 with increasing shortness of breath and weight loss with the symptoms of pleural hematoma on the left side. Absolut[illegible] damping,

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